

Sure Care (UK) Limited

# Brocklehurst Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection of Brocklehurst Nursing Home (Brocklehurst) took place on 26, 27 and 28 November 2018. The first day was unannounced. The service was previously inspected in April 2018 and we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to need for consent, safe care and treatment and good governance. At this inspection we found significant improvements had been made and the provider was meeting the regulations.

Brocklehurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Brocklehurst can accommodate up to 41 people in a two-storey purpose-built building. At the time of this inspection there were 40 people living at Brocklehurst. The care home consists of four units across two floors and is set in its own grounds. Each unit has its own kitchenette used for making drinks and snacks. Each unit accommodates people needing both residential and nursing care. Both floors are accessible by two staircases, at each end of the building, and one central lift and staircase. On the ground floor, there is a large lounge and dining room, the kitchen, laundry facilities and a hairdresser's salon.

There was a manager in post who was registered with the CQC since July 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were supported in the day to day operation of the home by a deputy manager and a clinical nurse lead.

In the main, Brocklehurst provided care and support that was safe. People and their relatives told us they received care and support that was safe.

There were some aspects of the medicine administration that were not safe. This meant people were potentially at risk of harm because they did not receive their medication as prescribed. The provider took appropriate steps to correct this issue before we completed our inspection.

People were supported by a consistent staff team who had all relevant pre-employment checks to ensure they were appropriate to work with vulnerable people. The provider had suitable systems in place to take action to protect people from abuse including accidents and incidents.

Risk assessments were up to date and most contained sufficient information for staff to support people in a safe way. We identified an example where this was not the case and the staff sought to rectify this during our inspection.

People were protected from the risk of infection because suitable arrangements were in place to ensure

hygiene standards were maintained. The home was visibly clean and free from unpleasant smells. Staff were knowledgeable about and demonstrated good infection control practices.

People, staff and visitors to the home were protected from harm because there was a regular programme of maintenance and checks of the premises and equipment. This included lifts, hoists, fire safety equipment and the water system.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had submitted appropriate applications for the deprivation of liberty safeguards to the local authority and the registered manager had a good system in place to track the progress of these.

Staff were competent and had adequate professional support to support people safely and effectively. Staff received an induction, training considered mandatory by the provider and shadowed experienced colleagues prior to working unsupervised. Staff had regular supervisions and annual appraisals.

People's nutrition and hydration needs were met effectively. People were satisfied with the food and drink on offer at Brocklehurst. The service acted proactively to ensure people maintained a balanced diet and that they received relevant health and medical attention as required. This helped to ensure people achieved a good quality of life and wellbeing.

People were supported in a friendly and respectful way. Staff responded promptly when people asked for help and were seen to support people in a patient and unhurried manner. People and relatives were complimentary about the staff and their caring attitude; they said the care they received was supportive and kind and that staff were genuinely caring.

The atmosphere at the care home was calm. We observed good rapport between people and the staff. It was evident to us that staff knew the people they cared for and supported.

The care home operated within a diverse and multicultural community and had systems in place to ensure people's equality and diversity needs were recognised.

Concerns and complaints were managed effectively with a clear process in place. People and their relatives told us they knew how to make a complaint or raise their concerns. The registered manager had a good oversight of issues identified which helped to reduce the likelihood of reoccurrence.

Activities and events were meaningful and engaging. We observed various activities, including one-to-one activities, taking place during our inspection and some people told us they enjoyed participating in these. The activities coordinator was passionate about improving the activities on offer.

There were a range of audits which identified areas for improvement; these were fit for purpose and included medication audits, care plan audits, pressure ulcer management and health and safety. The provider also used questionnaires to find out what people, relatives and staff thought about the service provided. Responses though positive had not been formally analysed.

The registered manager was visible within the home and people and their relatives found them approachable. The local authority was positive about the impact the registered manager had had on driving improvement within the home.

Staff had appropriate mechanisms to support them in carrying out their jobs. These included staff meetings

and policies and procedures.

The provider complied with the legal requirement to display its most recent rating within the home and on their website.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

We identified concerns with how some medicines were administered and recorded. These issues were rectified during our inspection.

Risk related to care provided had not been considered and assessed in one case.

People told us they felt safe at the home. Staff knew what action to take to keep people safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The provider followed the principles of Mental Capacity Act to ensure people's rights were safeguarded.

Staff had an induction and on-going training to help ensure they carried out their functions effectively.

The service maintained a good relationship with the Nursing Home Team. People could access relevant healthcare professionals; these included consultant geriatricians, GPs and dentists.

**Good** ●

### Is the service caring?

The service was caring.

People were treated with kindness and respect.

The atmosphere at the home was comfortable and relaxed. Staff knew people well. We observed that people had a good rapport with staff.

People and their relatives were involved in the making decisions about care provided.

**Good** ●

### **Is the service responsive?**

The service was responsive.

People were engaged in meaningful activities and recreation which they had been involved in planning.

Care plans were person-centred and reflected people's individual needs and included personal histories, interests and hobbies.

Concerns and complaints were investigated in line with the provider's policy, and outcomes communicated to the complainant in a timely manner.

**Good** ●

### **Is the service well-led?**

The service was well led.

There was a registered manager in post who was supported by a deputy manager and a clinical nurse lead.

There was a system of quality checks and audits in place. This helped to monitor the safety and quality of care and support provided.

People and their told us the care home sent out surveys asking for their views on the service provided.

**Good** ●

# Brocklehurst Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26, 27 and 28 November 2018 and the first day was unannounced. The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR) which they returned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

Before our site visit, we asked the local authority contracts and commissioning and public health teams for information they held about the service and they did not identify any concerns. We checked Healthwatch's website for information they held about this service; there were no reviews about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

We spoke with four people using the service and five relatives. We also spoke with a range of staff including the registered manager, the deputy manager, the chef, care assistants and domestic staff. We observed the way people were supported in communal areas and carried out an observation known as a Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who cannot easily express their views to us. We also looked at records relating to the service, including four staff recruitment files, three care records and daily record notes, medication administration records (MAR), and policies and procedures.

## Is the service safe?

### Our findings

During our previous inspection in April 2018, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medicines. At this inspection, we found improvements had been made regarding the issues identified at the last inspection in April 2018; however, we found new areas of concern regarding medicines management. There was no body map in place to record when one person's pain patch was changed. We could not determine if some medicines were being given as prescribed as instructions were not always recorded on the medication administration records. We were satisfied that nursing staff we spoke with were aware of how the medication should be administered. We discussed our findings with the deputy manager and registered manager. These concerns were resolved before we completed this inspection.

Most people's risk assessments identified any potential risk to a person's health and wellbeing and provided ample guidance to help staff manage those risks safely such as moving and handling, falls and nutrition. Risk assessments were reviewed monthly or when a person's circumstances changed. However, we identified conflicting information regarding a person's swallowing capability. The person had capacity to make choices regarding the consistency of their drinks. However we found the home had not considered and assessed any potential risk involved. We discussed our findings with the registered manager and the nurses on duty and a referral to the speech and language therapy team was made to review this person.

Recruitment processes were safe and helped to ensure only suitable staff and volunteers were hired to work with the people living at the care home. Pre-employment checks such the collection of references and Disclosure and Barring Service (DBS) checks were carried out. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people. There were up to date records showing the nursing staff employed at the home were registered with the Nursing and Midwifery Council (NMC). This helped to ensure they remained authorised to work as a registered nurse.

There were sufficient staff who were suitably trained to support people safely. The staff team now included two nursing associates, two senior care staff who at the last inspection in April 2018 were pursuing this qualification. People and relatives told us, "The carers are very attentive and always come quickly." The registered manager told us and we saw in people's care records the service used a dependency tool to determine the right level of staff based on people's individual needs.

The provider had reduced the number of agency staff used across the home since the last inspection in April 2018. Relatives we spoke with confirmed this as did the staffing rotas we looked at. The provider had recruited new nursing staff and care staff. We were satisfied that the provider had appropriate checks in place to help ensure the agency staff's suitability. An induction and handovers also helped to ensure to ensure all staff knew the concerns of people living at Brocklehurst.

There were good systems and procedures in place to help ensure people were safe at Brocklehurst. The registered manager kept a record of safeguarding incidents referred to the local authority and CQC. We found appropriate action was taken to ensure people were safeguarded. Staff we spoke knew the types of

abuse and what action to take if they suspected abuse was taking place. Safeguarding training for all staff was up to date.

People and their relatives told us the environment at Brocklehurst was safe. They said, "Yes, it's very safe here", "I feel quite safe. It's reassuring to know there is someone there to help me no matter the circumstances" and "I can sleep at night knowing [my relative] is well cared for and looked after."

Accidents and incidents were reported and recorded in line with the provider's policies and procedures. The registered manager compiled a monthly summary and analysis which identified types of incidents and actions taken as a result. This helped to protect people and staff by identifying common themes and learning from past incidents.

There were appropriate measures in place to protect people using the service, their belongings, staff and visitors from the risk of infection. There were systems in use for cleaning across the home and the environment including people's bedrooms were free from unpleasant smells. Personal protective equipment (PPE) was readily available for staff to use and was located around the home, as were dispensers containing anti-bacterial gels. We saw signs in communal toilets encouraging staff and visitors to wash their hands. During the inspection we visited the laundry and saw procedures were in place to ensure clean and dirty laundry was separated.

People were safeguarded from harm because the appropriate premises and equipment checks and maintenance were carried out. This included regular examinations of lifting equipment such as hoists, checking the temperature of hot and cold water outlets, servicing of the fire alarm system and checks of the electrical system and gas appliances.

The provider had risk assessments in place relating to fire safety and legionella. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease that can be dangerous, particularly to more vulnerable people such as older adults.

Each person living at Brocklehurst had an up to date personal emergency evacuation plan (PEEP). PEEPs are plans which detail people's individual needs to help ensure they are safely evacuated from the premises in the event of an emergency such as a fire.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the previous inspection in April 2018, we found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the need for consent and working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found improvements had been made and the regulation was being met.

Consent was sought appropriately, and staff were knowledgeable of MCA and DoLS. When there were concerns regarding a person's capacity to make a particular decision, a best interest meeting was held to facilitate the decision-making process. People were not unlawfully deprived of their liberty as appropriate applications were made for DoLS authorisations.

People and their relatives told us staff always asked people's permission before carrying out any task. During our inspection we observed this. One relative told us, "I noticed the staff always ask first before they do anything with the residents."

People were provided with an ample choice of suitable and nutritious food and drink to ensure their health and cultural needs were met. We spoke with the new chef who was recruited in October 2018. They were currently updating the existing menus in line with people's food preferences and dietary needs. We saw the kitchen staff had information about people's current needs including those that required special diets such as pureed, soft or fortified diets. People told us they had a choice of what was served and enjoyed the meals prepared. Food was well presented, and we observed people enjoyed their meals. One person told us, "The food is excellent. You always have a choice. Whatever I ask for I can get." A relative said, "The meals are good. [My relative] eats well." We saw that people, where needed, were assisted by staff in a compassionate and unrushed way.

We found the kitchen was clean and well organised. The last food hygiene inspection was done in August 2016 and the home had been rated a '5' which is the highest award. The chef told us they anticipated an inspection shortly and was prepared for this. There was an effective system in place to ensure food stocks were sufficient. The kitchen staff had an up to date record of people's specific dietary requirements and food

preferences. The chef told us they were kept up to date by attending weekly nutritional meetings and daily flash meetings with the registered manager and other care staff.

People were supported by staff who had received an induction and training considered mandatory by the provider. The provider used the care certificate to induct staff that were new to the care industry. The care certificate is a nationally recognised programme that sets out knowledge, skills and behaviours expected for specific job roles within the health and social care sector. Records confirmed that there was a programme of internal and external training which covered key areas such as safeguarding, moving and handling, mental capacity, oral health and end of life. New staff told us they shadowed experienced colleagues before working unsupervised. "

There were appropriate systems such as supervisions and competency checks to help ensure staff were supported in their roles and given the opportunity to identify areas for professional development. Staff who had worked more than a year received annual appraisals of their performance.

People's needs and choices were assessed in line with current legislation and best practice to ensure care and support was delivered effectively. Care records we looked at showed the registered manager undertook initial assessments. Assessments of people's needs were comprehensive and identified expected outcomes such as maintaining good diet and weight, oral care, personal safety and social interaction. People and their relatives we spoke with confirmed an assessment had been carried out before the person moved into the home and they had been involved at all stages of the admission.

People had access to appropriate healthcare when required. Brocklehurst continued to be supported by the Nursing Home Service which comprised of advanced nurse practitioners and doctors. These professionals visited on a weekly basis and carried out routine and reactive reviews of people living there. People's care records evidenced that referrals were made to other health care services as required such as tissue viability and continence teams.

Brocklehurst is a purpose-built care home. People are accommodated across four identical units with several assisted bath and shower rooms and separate toilets throughout. Some bedrooms had shared en-suite facilities.

People's bedrooms were homely and personalised with their own items such as family photos, plants and other personal effects. The registered manager told us and relatives confirmed there was a plan in place to refurbish the care home. We noted that some areas of the home had already been completed.

## Is the service caring?

### Our findings

The service continued to provide care and support that was caring and compassionate.

During our inspection we observed the interaction between staff and people and their relatives and friends was good. People and relatives were very complimentary about the staff's attitude and approach. Comments included: "The staff are good. They care for me more than I thought they would. So, I'm so happy with care – it's 10 out of 10" and "I love it here. Staff are nice and friendly. They take good care of me" and "The staff are caring; they do their best."

People were supported by staff that knew and understood their care and support needs. There was a consistent staff team at Brocklehurst, some of whom were longstanding. Staff told us through handovers and flash meetings they kept up to date with changes. Staff read people's care records to help ensure they had sufficient information to support people in a caring way. The registered manager told us and people and relatives confirmed there was always a "regular staff" working alongside new or agency staff.

During our inspection we observed staff were friendly yet respectful of people's privacy. People and relatives told us staff treated them with dignity and respect. One person said, "They respect my wishes and let me be (alone) when I want to. But they still come and check up on me." A relative said, "The way they (staff) speak to [person] is nice, very courteous."

People and their relatives told us the home involved them in decisions regarding the care and support provided. One relative told us, "I feel very involved in the care planning process. [Staff name] always contacts me if there are any issues with [my relative]."

Staff supported people to maintain their independence according to their ability. People said they were free to make their decisions to suit themselves. One person said, "I'm not rushed. You're allowed to do things in your own time when you're ready."

People's equality and diversity needs were acknowledged and respected. Care plans recorded relevant information regarding their ethnicity, religious and cultural beliefs and practices. Brocklehurst is located in a diverse and multicultural area and benefitted from an equally diverse workforce which was reflective of the local community. The provider had appropriate policies, procedures and training to help ensure staff understood how to protect people's rights and to challenge discrimination. Through speaking with staff and the management team, we were satisfied the culture at the home was non-discriminatory and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination, for example, discrimination on the basis of age, disability, race, religion or belief and sexuality.

Confidential information relating to the people supported and staff personnel was stored appropriately in the office and only accessed by staff authorised to do so.

## Is the service responsive?

### Our findings

The service continued to provide care and support that was responsive.

People were engaged in meaningful activities and recreation. There were a variety of activities such as arts and crafts, bingo, colouring, holy communion service; these carried out on a group or individual basis. The activities coordinator spoke passionately about the programme of activities and how this had been developed inclusively with people. They kept a record of activities in which people had participated and enjoyed. It was clear the activities coordinator understood the types of activities each resident preferred. Evidence of these activities and people's preferences was recorded in people's care plans. The service had recruited three student volunteers who spent quality time on an individual basis with people.

People and their relatives told us the service had held various events including barbeques, a summer fete and dinner parties to celebrate national days such as St Andrews day. One person said, "I go down to the lounge for activities, when I feel up to it." Another person told us, "I come down to the big lounge most days. I enjoy colouring and I'm helping out the activities lady colouring pictures to advertise activities."

People were supported to maintain relationships with their relatives and friends. During our inspection we saw relatives, partners and friends could visit and spend time with their loved ones living at the care home. Relatives told us staff and management helped to ensure Brocklehurst felt like home to them.

Care plans reflected a holistic assessment of people's needs and included their personal history and individual preferences, interests, cultural considerations, dietary needs and end of life wishes. Care plans to manage short term issues such as a course of antibiotics were still used as required. The service was able to respond appropriately to people's needs regarding communication, disability or impairment because these needs were identified and duly recorded. Care records were reviewed every six months or sooner if care needs changed. We found people and their relatives were involved in the care planning and review process.

The service could provide information in another format such as large print, if required. This was also documented in the provider's service user guide. Relatives confirmed that they could request an alternative format if they wished.

Complaints and concerns were managed effectively. The complainant received a response to their concerns in a timely manner. The way in which complaints and concerns were recorded provided the registered manager and provider with a good oversight of concerns and any emerging themes. People and relatives told us they knew how to make a complaint or raise a concern. One person said, "I can raise a concern but haven't had any reason to do so."

We looked at how the service supported people at the end of their lives. In October 2018 Brocklehurst had been awarded 'Six Steps to Success in End of Life Care' accreditation. The 'Six Steps' programme is aimed at improving end of life care provided by a care home (and its staff) that incorporates the philosophy of palliative care.

The registered manager was proud of this achievement and said it was a testament to the staff's commitment to support people to remain at Brocklehurst should they choose to do so. Care plans we reviewed contained information identifying people's end of life wishes and requirements. The registered manager and the deputy manager told us they would work with people and their families to further develop end of life care plans.

# Is the service well-led?

## Our findings

At the previous inspection in April 2018, we found a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of adequate management arrangements and governance systems and processes were not sufficiently embedded to effectively monitor and evaluate the quality of the service provided. At this inspection in November 2018, whilst there was scope for further improvements to be made, we found the provider was now meeting the requirements of this regulation.

Since July 2018, there was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported in the day to day running of the service by a deputy manager, appointed in October 2018 and a clinical nurse lead. Their roles involved strengthening clinical practice and quality monitoring.

There were a range of quality monitoring audits currently being used to help identify concerns; these included medication audits, care plan audits, pressure ulcer management and health and safety. We found these audits for the most part were fit for purpose and identified concerns which had been addressed. However, we found concerns regarding medication management which medication audits had not identified.

The provider sought the views of people, their relatives and staff on the service provided to help drive improvement across the service. Surveys had been completed between May and October 2018. Responses were mainly positive though no formal analysis of the results had been done.

We received positive feedback from the local authority contracts and commissioning team regarding the improvements the service had made since the last inspection in April 2018. The contracts and commissioning officer told us they were working closely with the home and had seen "significant progress". They "found the new registered manager to be extremely receptive to feedback, with a proactive approach to building standards in all areas."

People and relatives said the registered manager was approachable and visible within the home. They were also complimentary about the staff. One relative said, "The service and staff have been phenomenal. They listen and I can speak to staff or the manager about any issues I have." This relative gave an example about concerns they had about the food and they told us their concerns were addressed. Other comments included, "[The registered manager] is improving things. They take good care here. Friendly staff...they are all amenable", "The manager has an open-door policy," and "The manager and the staff listen to what you have to say."

The registered manager understood their statutory obligations to report any incidents in relation to a

resident to the appropriate authorities and the CQC. We checked our records prior to our visit and found they had submitted appropriate notifications to the CQC in line with their legal obligations.

The service benefited from the registered manager's attendance at regional meetings such as Skills for Care registered managers forum and provider forums. The registered manager said these meetings gave them a good opportunity to share good practice, discuss the challenges facing services within the industry and keep up to date on current issues within the sector.

There were appropriate support mechanisms in place to ensure staff performed well in their jobs. Policies and procedures were up to date and provided guidance and support to staff in carrying out their roles. Various staff meetings were held and the minutes we looked at showed staff could discuss staff and service related issues with their colleagues.

The provider complied with the legal requirement to display its most recent rating within the home and on their website.